

Experience Affidavit Public

Board of Accountancy Washington State



P. O. Box 43123, Olympia, Washington 98504-3123
(360) 753-2586 - www.cpaboard.wa.gov

Submit separate affidavit for each employer

(Please Print or Type)

Full Name of Applicant (First)	(Middle)	(Last)
Mailing Address (Street)	(Apt. #)	(City) (State) (Zipcode)
Telephone Number (during business hours)	Social Security Number*	WA Certificate Number (if issued)

**Licensees and certificateholders are required to provide their social security number in order to assist in enforcement of child support laws. See RCW 26.23.150. Your social security number may also be used for identification purposes.*

SUMMARY OF EMPLOYMENT

EMPLOYER	ADDRESS	DATE (MM/DD/YY)		TOTAL HOURS	To record private or governmental experience, please use Competency Alternative.
		FROM	TO		
		___/___/___	___/___/___ <i>(If still employed, enter today's date)</i>		

APPLICANT'S AFFIDAVIT:

I certify under the penalty of perjury that I, the applicant, have read the contents hereof, and to the best of my knowledge and belief the foregoing statements are true in substance and effect and are made in good faith. I will supply any other data required by the Board, and hereby authorize the Board to verify any and all data furnished by me or my references. I understand and will comply with Board of Accountancy statutes and rules of ethics and professional conduct.

Signature: _____ Date: _____

Location: _____
(City, State or Province, Country)

EMPLOYER'S VERIFICATION:

I certify under penalty of perjury under the laws of the State of Washington that the above named applicant (a) was employed by my firm for the period indicated herein, and (b) in the course of such employment has obtained satisfactory qualifying experience (as defined in WAC 4-25-730), including: accounting or auditing tasks; and/or management advisory or other consulting services; and/or preparation of tax returns or furnishing advice on tax matters.

I certify that the firm (a) was licensed to practice public accounting at all times relative to this affidavit (if required by the appropriate accountancy laws), and (b) has participated in a peer or quality review program acceptable to the Board of Accountancy, or a State Board of Accountancy quality review program of its accounting and/or auditing practice as follows:

(Please Print or Type)

Type of review (e.g., peer)	Completed (within last 3 years)	OR	Scheduled (if none completed during last 3 years)
Administering entity (e.g., AICPA)	_____		_____
Date completed (or scheduled)	_____		_____

**NAME _____ SIGNATURE _____ DATE _____

ADDRESS _____ CPA CERTIFICATE NUMBER _____ STATE OF ISSUANCE _____

FIRM NAME _____

***Must have been licensed to practice public accounting as a CPA during the entire period of the applicant's employment.*

Please be advised the Washington State Board of Accountancy is required to comply with the Public Disclosure Act, Chapter 42.17 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.

(Rev. 7/2001)